# **NEIGHBORHOOD ASSISTANCE PROGRAM**

CONTRIBUTION NOTIFICATION FORM E (CNF-E)

Required for all donations from individuals or a Trust made between July 1, 2012 and June 30, 2013

### (SEE BACK FOR INSTRUCTIONS BEFORE COMPLETING)

Donations must be made **directly** to the approved NAP organization with no strings attached and without any conditions or expectation of monetary or other benefits from the NAP organization.

PART I TO BE COMPLETED BY DONOR (TYPE or PRINT ONLY)

Name of Trust (if applicable)	Donation Type: Cash Marketable Securities			
	6. Date of donation: / / to / / (Actual date of donation / Beginning to ending date)			
1. (Mr./Mrs./Ms./Dr.) (Circle One) Name of Individual donor or Trustee of Trust (one name only)	7. Value of donation: \$			
2	The minimum \$500 donation must be met between			
Address	July 1 and December 31 or between January 1 and June 30 to qualify for an individual NAP tax credit.			
City, State, Zip Code  Telephone Number With Area Code	A maximum of \$50,000 in tax credits per taxable year will be imposed for an individual or married couple.			
3. Social Security #/Fed ID #: (Required for Tax Documentation)	Only cash or marketable securities are eligible for individual NAP tax credits.			
Use Fed. ID # for Trust, if applicable  4. Is donation from a Trust?   Yes   No	Each type of donation requires a separate CNF and must meet the minimum requirements.			
Trust donations follow business guidelines and must meet the minimum donation value of \$616				
NOTE: Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor. The value of the tax credit is equal to 65% of the donation's value.  PART II CERTIFICATION BY DONOR				
I certify that the above information is accurate and describes a donation made to the Neighborhood Assistance Organization. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services. Please sign, date, and return this form to the NAP organization for completion. A tax credit certificate will be mailed to you from the Department of Social Services.				
Date	Signature of Donor			
PART III TO BE COMPLETED BY THE NAP ORGANIZATION (TYPE or PRINT ONLY)				
I certify that the above individual or trust has made the donation indicated above to this organization and I have documentation supporting the donation. I understand that if I falsify information, I may be subject to penalties prescribed by the Virginia Departments of Taxation and Social Services.				
1	2. Project I.D. #:			
(Organization Name as listed on Approval Certificate)	(See Organization Approval Certificate)			
3. Organization Address:	Phone #: ) (Include Area Code)			
(Street, City, State, Zip Code	) (Include Area Code)			
4. Neighborhood Assistance Organization Approval Year: 07 / 01 / 2012 - 06 / 30 / 2013				
Date Signature of Neighbo	orhood Assistance Organization Designee			

## INSTRUCTIONS FOR CONTRIBUTION NOTIFICATION FORM E (CNF-E)

Use for all donations from individuals or a trust made between July 1, 2012 and June 30, 2013.

#### **Directions**

Trust Donations		Individual Donations			
Donation value mus	nation value must be at least \$616		Donation value must be at least \$500		
	e of Trust, Name of the Trustee, ng address and phone number	Items	1-2:	Name of individual who made the donation, mailing address and phone number of individual. Please circle or underline	
Item 3: Feder Secur	ral ID # (if applicable) or Social rity # used for Trust			appropriate title – Mr./Mrs./Ms./Dr. <b>Use one</b> name only.	
	'Yes'	Item	3:	Social Security # of donor is required for tax purposes.	
of dor and m	k one type of donation. Each type nation requires a separate CNF nust meet the \$616 minimum rement.	Item	4:	Mark "No"	
Item 6: Enter (begin	the actual date or dates nning and ending) over which ion was given.	Item	5:	Check one type of donation. Each type of donation requires a separate CNF and must meet the \$500 minimum requirement.	
Item 7: No tax donat than \$ issued	x credit will be issued for a ion of less than \$616. No more \$175,000 in tax credits may be d to a Trust in any program year.	Item	6:	Enter the actual date or dates (beginning and ending) over which donation was given. The minimum \$500 cash donation must be met between July 1 and December 31 or between January 1 and June 30 to qualify for an individual NAP tax credit.	
guidelines for the Ne For more information Assistance Program  Form-PTE will be mai Credit Certificate. Co	at follow all business donation eighborhood Assistance Program. In contact The Neighborhood at nap@dss.virginia.gov.  illed to you with your NAP Tax emplete Form-PTE and mail the form a credit certificate to the Virginia ion.	Item	7:	No tax credit will be issued for a donation of less than \$500. A maximum of \$50,000 in tax credits per taxable year will be imposed for an individual or married couple. The value of the tax credit is equal to 65% of the donation's value. Only cash or marketable securities are eligible for individual NAP tax credits. Merchandise/goods, services, real estate, etc. are not eligible.	

Sign and date the certification. Return the CNF to the NAP organization.

#### General:

- Donations must be made directly to the approved NAP organization with no strings attached and without any
  conditions or expectation of monetary or other benefits from the NAP organization.
- Discounted property (partial donations) or bargain sales are not allowable for NAP donations.
- Determining the effect of making a donation for tax credits on a donor's tax liability is the sole responsibility of the donor. Before making a donation, or when tax-related questions occur, donors are encouraged to seek advice from their tax accountant or other tax advisor.
- NAP approved organization must retain a copy of the supporting documentation (see Reference Sheet) in their files, attach a copy of the check to the CNF-E, and mail to DSS. Failure to follow these guidelines may result in loss of donor's tax credit.
- For more information contact The Neighborhood Assistance Program at <a href="mailto:nap@dss.virginia.gov">nap@dss.virginia.gov</a>.

NOTE: Incomplete and/or illegible Contribution Notification Forms will be returned.